

**CHIROPRACTIC LICENSURE  
EXAMINATION AND ENDORSEMENT  
INFORMATION AND INSTRUCTION SHEET**

**Before completing and submitting your application to our office, please read all materials and information included.**

**CONTENTS OF APPLICATION PACKET**

**This application packet should contain the following information:**

Application For Chiropractic License  
Application For A Chiropractic Temporary Permit (Examination Candidates Only)  
Verification of Chiropractic State Licensure  
Instruction Sheet for Examination and Endorsement  
Chiropractic Statute (Article 10)  
Chiropractic Rules (Title 846)  
Health Professions Standards of Practice (IC 25-1-9) - Attached to the statutes

If your packet does not contain all of the above information, please contact the Bureau to have this information forwarded to you.

**PERSONAL APPEARANCE AND JURISPRUDENCE EXAMINATION**

All applicants are required to make a personal appearance before the Board prior to licensure. After applicants have been approved by the Board, a letter will be sent with the date and time of their scheduled appearance. Prior to the appearance, on that day, applicants will be required to sit for a written examination in chiropractic jurisprudence. The examination will cover the Chiropractic Statute and Administrative Rules and the Health Professions Standards of Practice. A score of 75 or above on the examination is passing.

**BUREAU ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE**

Health Professions Bureau  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX #: (317) 233-4236  
Website: [www.IN.gov/hpb](http://www.IN.gov/hpb)  
Staff Email: [hpb8@hpb.state.in.us](mailto:hpb8@hpb.state.in.us)

**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

**TESTING ACCOMMODATION REQUEST FORM**

If an applicant has a disability, which may require a special accommodation in taking the law examination, please request a **TESTING ACCOMMODATION REQUEST FORM** by calling (317) 234-2054. If an

accommodation is not requested prior to the examination, we cannot guarantee the availability of the accommodation on-site.

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| <b>EXAMINATION APPLICANTS<br/>INSTRUCTION SHEET</b> |
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Applicants who have taken and passed Parts I, II, III, IV and physiotherapy of the National Board of Chiropractic Examiners examination and have not been licensed to practice chiropractic in another state for at least three (3) years may apply under the examination criteria.

**APPLICATION**

Mail completed application along with all required documents listed below to the Health Professions Bureau at the following address:

Indiana Board of Chiropractic Examiners  
Health Professions Bureau  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204

**AFFIDAVIT**

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

**FEE INFORMATION**

Applicants must submit a one hundred dollar (\$100.00) application fee, made payable to the Health Professions Bureau. Checks or Money orders are acceptable. **ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE**

**PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

**OFFICIAL PRECHIROPRACTIC TRANSCRIPTS**

Applicants must submit official prechiropractic transcripts sent directly from the school(s), verifying completion of at least sixty (60) semester hours completed prior to chiropractic school.

**OFFICIAL CHIROPRACTIC TRANSCRIPTS**

Applicants must submit official chiropractic transcripts sent directly from the school certifying receipt of a professional chiropractic degree.

**NATIONAL BOARD OF CHIROPRACTIC EXAMINERS SCORES**

Applicants must submit an official score report sent directly from the National Board of Chiropractic Examiners (NBCE) showing completion of Parts I, II, III and IV with passing scores in all subjects, including physiotherapy. Contact the NBCE for information on how to obtain yours scores and fee information at:

National Board of Chiropractic Examiners  
901 54<sup>th</sup> Avenue  
Greeley, Colorado 80634  
(970) 356-9100  
Email: [nbce@nbce.org](mailto:nbce@nbce.org)  
Website: <http://www.nbce.org>

**VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of Chiropractic State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified

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or registered in any regulated health profession or occupation. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Health Professions Bureau. The form may be duplicated if necessary.

#### **NAME CHANGE**

An official affidavit indicating any legal name change; a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.

### **TEMPORARY PERMIT INFORMATION (Examination Applicants Only)**

- Only applicants who are applying to take the first National Board of Chiropractic Examiners (NBCE) examination Part IV after graduation from chiropractic school or college are eligible to apply for a temporary permit.
- The Board may not issue a temporary permit to an individual who has failed an examination.
- A temporary permit issued under this section expires on the day after the Board releases the results of the Indiana chiropractic jurisprudence examination.
- A supervising chiropractor shall be exclusively responsible for the direct supervision of a holder of a temporary permit.
- A holder of a temporary permit shall not provide an independent diagnosis of a patient.

#### **APPLICATION AND REQUIRED DOCUMENTATION**

The applicant is required to submit an application for licensure by examination and all required documentation except for Part IV of the NBCE examination.

#### **APPLICATION FOR A CHIROPRACTIC TEMPORARY PERMIT**

Both the applicant and the supervising chiropractor, who is currently licensed in the State of Indiana, are required to complete the application for a chiropractic temporary permit, which is attached to the application for licensure.

#### **FEE**

The applicant is required to submit an additional fee of fifty dollars (\$50) including the one hundred dollar (\$100) application fee. Total fee: \$150.00. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

After the applicant application is received with all required documentation, the Board will consider their request for a chiropractic temporary permit.

Upon successful completion of Part IV of the NBCE examination you must submit an official score report directly to the Chiropractic Board. If the applicant fails to provide the score report, the Board will take action on your application at its next scheduled meeting.

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| <b>ENDORSEMENT APPLICANTS<br/>INSTRUCTION SHEET</b> |
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Applicants who have been licensed to practice in another state for at least three (3) years under qualifications substantially equivalent to Indiana. If the applicant has not taken and passed Part IV of the National Board of Chiropractic Examiners examination they are required to submit verification of an oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an active chiropractic license.

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Health Professions Bureau  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204

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Greeley, Colorado 80634  
(970) 356-9100  
Email: [nbce@nbce.org](mailto:nbce@nbce.org)  
Website: <http://www.nbce.org>

**NOT TAKEN PART III OF THE NBCE EXAMINATION**

Applicants who have taken the NBCE examination prior to September 1, 1987, are not required to submit Part III scores.

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**NOT TAKEN PART IV OF THE NBCE EXAMINATION**

Endorsement applicants who have not taken and passed Part IV of the NBCE examination are required to submit verification of an oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an **active chiropractic license**. Scores must be reported with the specific subject(s) and grade(s) obtained.

**PROOF OF PRACTICE FOR THREE (3) YEARS IN ANOTHER STATE**

Endorsement applicants are required to submit satisfactory evidence to the Board that they have been licensed to practice chiropractic in another state for at least three (3) years under qualifications substantially equivalent to Indiana Board. The applicant must include a written statement, which shows the location(s) and date(s) of where they have practiced within the past three (3) years.

**VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of Chiropractic State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Health Professions Bureau. If a state examination was given please have the state board complete the examination area of the form. If more room is necessary to provide the examination information, please attach the information to the verification form. The form may be duplicated if necessary.

**NAME CHANGE**

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